

**MULTIPLE DEPENDENT CLAIM  
 FEE CALCULATION SHEET**  
 (FOR USE WITH FORM PTO-675)

SERIAL NO.  
**10/070999**

FILING DATE

APPLICANT(S)

		4/22/01 CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1		1		1	
2			1		1		1
3			1		1		1
4			1		1		1
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50							
TOTAL IND.	1		1		1		1
TOTAL DEP.	15		15		14		14
TOTAL CLAIMS	16		16		15		15

  

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TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY